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	IPE	PART B	- FEE(S)	TRA	NSMITTAL		/	
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APPLICATION NO.	FILING DATE	3	FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/775.430	10/775,430 02/10/2004 Erich Jacob Gernai					71024-502	9750	
TITLE OF INVENTION: METROD OF INJECTION MOLDING A GASKET 06/29/2005 SHINASS2 00000102 060420 10775430								
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
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PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
S. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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Please check the appropriate	e assignee category or categor	ries (will not be pri	nted on the p	atent):	☐ Individual ☑ Cor	poration or other private g	roup entity Government	
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Authorized Signature		/( \			Date ∩ 6	/27/05		

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